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PTO/SB/08A (08-03)

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Substitute for form 1449/PTO

(Uze as many shoots as necessary) Examiner Name

sony-05100 Attorney Docket Number

First Named Inventor

Filing Date

Art Unit

U. S. PATENT DOCUMENTS								
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{3 (2 teams)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Citod Document	Pages, Columns, Lines, Where Relevant Massagas or Helevant Figures Appast			
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FOREIGN PATENT DOCUMENTS										
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